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Country programme recommendation**

Senegal

Addendum

Summary

The present addendum to the country note submitted to the Executive Board at its first regular session of 2001 contains the final country programme recommendation for Board approval.

The Executive Director *recommends* that the Executive Board approve the country programme of Senegal for the period 2002 to 2006 in the amount of $10,262,000 from regular resources, subject to the availability of funds, and $27,550,000 in other resources, subject to the availability of specific-purpose contributions.

* E/ICEF/2001/12.

** The original country note provided only indicative figures for estimated programme cooperation. The figures provided in the present addendum are final and take into account unspent balances of programme cooperation at the end of the financial year 2000. They will be contained in the summary of commitments recommended for regular resources and other resources programmes for 2001 (E/ICEF/2001/P/L.73).

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[1] Excerpted from the publication "Progress since the World Summit for Children: A statistical review", prepared as a supplement to the Secretary-General's report "We the Children: End-decade review of the follow-up to the World Summit for Children" (A/S-27/3), and therefore may differ from data contained in the text of this document.

The situation of children and women

1. The situation of children and women remains essentially the same as described in the country note, supplemented by recent studies. A study on urban health supported by Coopération française demonstrated the need to improve the quality of services and accommodations to increase the use of health-care services by the poorest population groups. Another study showed that reducing the distance to school and the cost of school supplies could promote the school enrolment of girls, whose education has been hampered by early marriage, responsibility for household chores and the poverty of their families. The low incidence of HIV (less than 2 per cent) forms the basis for an ongoing study on best practices in HIV/AIDS prevention. In January, the country adopted a new Constitution, which expressly refers to the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. Two new Ministries have been set up, with responsibility for youth and early childhood, respectively, and are in the process of drawing up policies and plans of action.

Programme cooperation, 1997-2001

2. The objectives of the cooperation programme for 1997-2001 (E/ICEF/1996/P/L.14/Add.1) were the same as those of the World Summit for Children, as reflected in the national programme of action. To limit the dispersal of efforts and improve performance, the mid-term review refocused the programme on seven objectives: an 80-per-cent immunization coverage rate and eradication of poliomyelitis; iodization of 100 per cent of the salt produced; eradication of Guinea worm disease (dracunculiasis); a 70-per-cent gross school enrolment rate, with priority for girls; reduction of the vulnerability of 400,000 children at risk; improvement of women's health; and promotion of peace in Casamance. The results of efforts in these areas are described below.

3. A review of the expanded programme on immunization (EPI) at the end of 1999 found coverage rates of 80 per cent for tuberculosis immunization and about 50 per cent for other antigens. In response to these unsatisfactory results, the national management of the EPI was strengthened and the 52 health districts prepared action plans with specific targets, accompanied by a gradual renovation of the cold chain. Poliomyelitis immunization coverage has reached nearly 100 per cent as a result of the national immunization days held for the past four years; it is expected that the disease will be eradicated by 2002. The eradication of Guinea worm disease, of which the number of cases has fallen from 1,341 in 1991 to zero since 1997, is well on the way as a result, inter alia, of education and training initiatives and strengthened surveillance. The installation of 11 iodization units provided by the programme raised the consumption of iodized salt from 9 per cent of households in 1996 to 31 per cent in 2000. Consumption increased markedly in areas of endemic goitre, reaching 53.6 per cent of households in Tambacounda. With respect to women's health, UNICEF, the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) supported the Government in formulating and launching a plan to combat maternal mortality, based on the strengthening of basic maternal health care in regions with high maternal mortality and supported by strong political and media mobilization. In the first phase, equipment was provided for health-care centres (including three surgical units) and health-care workers

received training and retraining under an innovative partnership with the African Development Bank.

4. The gross school enrolment rate rose from 57 per cent in 1995/96 to 68.3 per cent in 1999/00, and the enrolment rate for girls rose from 49.8 per cent to 63 per cent, with wide disparities among regions. UNICEF contributed to this outcome through its support for advocacy, social mobilization, local educational planning and the School Enrolment for Girls movement, which consists primarily of women teachers and women school principals. With the assistance of Italian Cooperation and the World Food Programme (WFP), school canteens were set up in more than 330 primary schools in Casamance to provide daily meals to more than 90,000 pupils, as well as periodic deworming, and water points and latrines were constructed. Under the non-formal education programme established with the non-governmental organization Tostan, more than 3,000 women and adolescents have received literacy training. Through its "human rights" and "women's health" modules, this education has prompted more than 300 villages to issue public statements on the abandonment of the practice of excision.

5. The preparation of a national programme for children at risk was an important achievement, as it filled the need for a comprehensive framework for action. Among other results, some 20,000 children at risk were given access to health care and better nourishment; in collaboration with the International Labour Office, the capacities of trade unions and workers' organizations were strengthened in the area of preventing child labour; and support was provided to children separated from their families, particularly those living in traditional Koranic schools (*daaras*), to improve their living conditions.

6. The humanitarian programme in Casamance provided relief for populations affected by the crisis, and was facilitated by the maintenance of a UNICEF presence in Ziguinchor and by special financing provided by the Italian Government. The programme addressed needs in terms of health care and education as well as more specific needs such as protection against landmines and the establishment of a network for stress management and for the prevention and settlement of conflicts related to the region's particular situation of insecurity. This made it possible to establish a partnership with the decentralized administrations and technical services, religious and community leaders, non-governmental organizations and associations of parents of schoolchildren. This partnership will be put to good use in the next phase of rehabilitation.

7. The local development initiative has strengthened the capacities of local communities to achieve the seven priority objectives for children, through the training and deployment of 300 young national volunteers in 160 of the 320 rural communities to implement a local planning and mobilization process based on the "triple A" approach. This initiative was carried out in close collaboration with United States, French and Japanese volunteers.

8. One important outcome was the establishment of a system whereby objectives for children are monitored by a national committee chaired by the Secretariat of the Presidency of the Republic, which has proved effective in mobilizing action for children. The results of the multiple indicator cluster survey (MICS) conducted in 2000 strengthened databases and were disseminated at the regional level to encourage action in areas where the least progress had been made. The review of the first round of national immunization days made it possible to identify constraints

and overcome them in the second round; this is an example of the use of evaluation as an effective tool. Out of this concern for making good use of the results of evaluations, the office strengthened its database on evaluations and studies.

Lessons learned from past cooperation

9. The refocusing of the programme on the seven priority objectives led to better results and greater mobilization of partners. The mid-term review of the Integrated Development Programme for Health (PDIS) reconfirmed that personnel deployment and motivation are important factors for success that deserve special attention under the new programme. The need to strengthen the planning and management of initiatives was pointed out, inter alia, in the review of the EPI. By raising the gross school enrolment rate from 57 per cent to 68 per cent in four years, the education programme has demonstrated that more innovative use of available resources can lead to better results. Activities under the "Monitoring Learning Achieving" (MLA) model, carried out with the United Nations Educational, Scientific and Cultural Organization (UNESCO), have made it possible to assess the quality and effectiveness of learning; this experience will be extended to the new programme, which is aimed at improving quality. Delays by the State in making budgets available to districts remain a serious constraint to implementation. The community approach has proved decisive in the effort to eradicate Guinea worm disease. Decentralization has provided opportunities for promoting children's and women's rights at the local level. The local development initiative has shown that the principles of equity and universal access are easier to achieve in defined-community geographical areas. Human rights education at the community level has been identified as a promising strategy that could lead to the abandonment of the practice of excision; this finding was reconfirmed by a German Technical Cooperation Agency study. Partnership with non-governmental organizations has facilitated innovation in the area of protecting children. Collaboration with the private sector has led to the provision of drinking-water connections to some urban districts. The participation of children and adolescents in the end-decade review and appraisal of the implementation of the Convention on the Rights of the Child, through meetings of representatives of children's parliaments and other movements, has paved the way for their more effective participation.

Recommended programme cooperation, 2002-2006

Recommended programme cooperation[a]

(In thousands of United States dollars)

Regular resources: $10,262,000
Other resources: $27,550,000

	Regular resources	*Other resources*	*Total*
Health and nutrition	3 550	9 300	12 850
Early childhood development	900	2 900	3 800
Basic education	2 250	7 400	9 650
Promotion of rights and protection of children at risk	950	2 950	3 900
Planning and social policies	1 750	4 050	5 800
Cross-sectoral costs	862	950	1 812
Total	**10 262**	**27 550**	**37 812**

[a] The breakdown for estimated yearly expenditures is given in table 3.

The process of preparing the country programme

10. The process of preparing the country programme was coordinated by the Ministry of Planning, which chaired an inter-ministerial steering committee. The situation analysis on women and children involved a large number of actors (ministerial departments, non-governmental organizations, civil society, the United Nations system and local authorities). It adopted a rights-based approach, using rigorous causal analysis, structured around the life cycle. The strategy document drawn up with the steering committee was validated at the strategy meeting, which was attended by the same actors as the situation analysis. The participation of adolescents was effective in formulating the parts of the programme relevant to them. The exercise benefited from other ongoing exercises, such as the review of the Integrated Development Programme for Health (PDIS) and the formulation of the poverty reduction strategy. The process drew upon effective aid coordination mechanisms, ensuring better complementarity among interventions. The activities and strategies for young children and adolescents are still being worked out, through the efforts of the inter-departmental committees responsible for developing the sectoral plans in these two areas.

Aims and objectives of the country programme

11. The aim of the country programme is to contribute to achieving the right to survival, development, and the protection and participation of all Senegalese children and women. The objectives reflect a quest for a balance between the "unfinished agenda" of the past decade and the priorities now emerging. They are: (a) to reduce the infant, infant-child and maternal mortality rate by 20 per cent; (b) to reduce the child malnutrition rate by 25 per cent; (c) to develop an integrated community approach to early-childhood development, in order to reach 35 per cent of children aged between 3 and 6; (d) to strengthen the capacity of parents and

families to ensure the harmonious development of children and respect for their rights, with an emphasis on the youngest children; (e) to achieve universal quality schooling for children aged 7 to 12 by 2010; (f) to promote the rights and the harmonious development of adolescents; (g) to eliminate the worst forms of child labour, and combat sexual exploitation of children and violence against children; (h) to ensure that the rights of children and women are more adequately represented when preparing and implementing social policies; and (i) to develop and implement an integrated community approach to the rehabilitation and development of the Casamance natural region.

Links with national and international priorities

12. The country programme plays a role in achieving the vision for children and women which the country has chosen for itself, which is to build "a society where effective observance of the rights of children and women will no longer be an exception; it will be the rule". Devised in the context of a political structure where governments alternate, the ambitious programme goals reflect the determination of the new Government to make tangible changes in people's lives, relying on the marked convergence between the Government's priorities and those of UNICEF, expressed in "A world fit for children" and the medium-term strategic plan. The commitment of the President of the Republic to promoting early-childhood development has been reflected in the creation of a Ministry for Early Childhood, and the launching of a national programme designed to cover all children from 0 to 6 years old by the year 2015. The programme supports the objectives and priorities of the sectoral programmes for health (Integrated Development Programme for Health (PDIS)) and education (Programme of the decade for education and training (PDEF)), focusing especially on the priorities identified by the new Government, including prevention, hygiene and sanitation, malaria, enabling families to shoulder their responsibilities, early-childhood development and the participation of young people. The objectives of the country programme are closely in line with the strategy for poverty alleviation, which singles out children and women as strategic targets.

13. For some years Senegal has followed a policy of decentralization intended to strengthen the responsibilities and powers of local communities, inter alia, in the areas of health and education. The country programme reflects this policy in its strategy for community capacity-building and its support for decentralized development. The programme is based on the strategic elements of the United Nations Development Assistance Framework (UNDAF), namely, poverty alleviation, education for all and the rehabilitation of Casamance.

Country programme strategies

14. The principal strategies will be: capacity-building, particularly in relation to communities and families; improving basic social services and increasing access to them; communication at all social levels to promote changed behaviour in relation to human rights; targeting the most vulnerable areas and areas with wide disparities in order to reach the poorest and most excluded individuals, especially in the Tambacounda, Kolda and Ziguinchor regions and in the outlying districts of Dakar; the involvement of beneficiaries in the preparation and implementation of

programmes; preventing situations of vulnerability and preparing for emergency situations, giving special attention to girls and women; broadening partnership and looking actively for complementarity; consolidating the achievements of the sectoral investments programmes; close collaboration with United Nations system agencies in the framework of UNDAF; strengthening "organizational learning", mainly through evaluation; and systematically taking HIV/AIDS into account. These strategies are part of the follow-up to the observations of the Committee on the Rights of the Child, and are reflected in the report for the end of the decade.

15. **Health and nutrition**. This programme comes under the national health development plan for 1998-2007 of the Ministry of Health, which aims to reduce infant, infant-child and maternal mortality. The objectives of the programme are: (a) to reduce morbidity and mortality due to childhood infections and illnesses, such as malaria, diarrhoeal diseases and acute respiratory infections, which can be prevented by vaccination; (b) to reduce maternal and neonatal morbidity and mortality through wider access to quality prenatal, obstetrical, neonatal and postnatal care; (c) to secure access to the integrated nutrition-activities package (PAIN) (an intervention package which includes monitoring children's growth, promoting exclusive breastfeeding up to 4-6 months, oral rehydration, vitamin A and iron supplements and the consumption of iodized salt); and (d) to eliminate problems caused by iodine deficiency, through universal iodization of the salt produced in the country. The programme will target, as a priority group, the 500,000 children aged 0-4 years (with the emphasis on those under three) and the 150,000 pregnant and breastfeeding women in the Kolda, Tambacounda and Ziguinchor regions and in the outlying districts of Dakar, areas where the health indicators are lowest and the impact can be magnified through synergy with other elements of the programme.

16. In the context of the National Coordinating Committee for the EPI (which includes WHO, the Japan International Cooperation Agency, BASICS (a child-survival project of the United States Agency for International Development (USAID)), Rotary, the European Union and the French Development Agency), UNICEF will continue to assist the Ministry of Health in setting up a reliable ongoing system for the supply of vaccines, and for strengthening the planning of quality vaccination activities, with the aim of achieving the objective of 80 per cent vaccination coverage in every region. There will be vaccination campaigns to eliminate poliomyelitis and neonatal tetanus and to monitor the incidence of measles in the areas of low coverage, including outlying urban areas. Priority will be given to strengthening district teams and revitalizing the monitoring system for health training courses, drawing upon the achievements of the Bamako Initiative. By providing health-training equipment, training for community follow-on and retraining for health personnel, the programme will improve access to the PAIN and ensure proper treatment of childhood diseases. Special emphasis will be placed on malaria prevention through the use of impregnated mosquito nets, home treatment and chemoprophylaxis for pregnant women. At the heart of the interventions will be the community involvement. The programme will have a research-action component, to be carried out with national institutions (the Health and Development Institute, the Development Research Institute and the African Centre for Higher Studies in Management). The campaign against maternal and neonatal mortality will be conducted with UNFPA, WHO, the United Nations Development Fund for Women and the African Development Bank. The principal activities will be on equipment, training for health personnel and communities, and social mobilization

in the Kolda and Tambacounda regions, with support for similar activities financed by the African Development Bank in the Fatick and Kaolack regions. The programme will place special emphasis on the quality of and access to care for the most deprived individuals, based on research into health in urban areas.

17. **Early-childhood development**. Under the auspices of the Ministry for Early Childhood, the programme will support the establishment of the national policy on early childhood (0-6 years). The objectives are: (a) to increase access for children aged 0-3 years to quality health, nutritional and socio-educational services; (b) to develop an integrated community approach for all-round development and a better preparation for school among 35 per cent of children aged 3-6; and (c) to strengthen the capacity of parents and families to respect the rights of children aged 0-6 years, protect, stimulate and interact with them and prepare them to succeed at school. The areas of concentration will be Dakar (outlying districts), Thiès (a government pilot area), Tambacounda, Kolda and Ziguinchor.

18. Because of the innovative character of this integrated community approach, the principal strategy will consist in supporting the coordination and exchange of experience among ministerial departments, grass-roots organizations, non-governmental organizations, the private-school sector and the development partners. The programme will support the development of a flexible curriculum, adapted to different ages and local conditions, and based on current experiments. It will use teaching and play materials prepared in the national languages, based on traditions and popular knowledge. In the areas of concentration, the community approach will take shape in a context of action-oriented research, in order to arrive at models which can be replicated on a large scale. The existing approach involving day-care centres, community nutrition centres, the initiatives of non-governmental organizations, women's organizations and groups, Koranic schools (*daaras*) and public pre-schools will be taken into account. This measure will be based on the integrated community approach ("la Case des Tout-Petits") proposed by the new authorities in the country. Other activities will be aimed at community capacity-building, through social mobilization and the training of trainers, supervisors and other community agents involved in the education of children and families.

19. **Basic education**. Under the auspices of the Ministry of Education, this programme comes under the PDEF and the national plan for follow-up to the Dakar Forum. In view of the national target of universal schooling by 2010, the programme will contribute to: (a) increasing school attendance among girls from 63 per cent to 78 per cent, and reducing by 50 per cent the gap between girls and boys; (b) improving the quality and relevance of courses, inter alia through the "children-friendly" schools approach; (c) improving the quality of services, and making provision in non-formal educational facilities for at least 100,000 children and adolescents who have dropped out of school or have never attended, and keeping them there; and (d) developing and implementing integrated approaches to ensure the development and participation of adolescents. On the national scale, the programme will support the development of policies, the planning of education at the level of departmental services, changed behaviour towards girls, the mobilization of society behind enrolment campaigns, and the testing and introduction of the new curriculum, which includes a subject covering health, nutrition and hygiene, including sexually transmitted diseases (STD) and HIV/AIDS, in both formal and non-formal education. In four regions with low school-attendance rates and/or marked disparities between girls and boys (Diourbel,

Kaolack, Kolda and Tambacounda), actions will be concentrated in about 1,000 schools with 300,000 children, 45 per cent of whom are girls. Around 60 inspectors and 1,000 school heads will be trained to introduce the new curriculum, strengthening the gender and human rights dimension. In the context of environmental improvement, actions will focus on the construction of latrines and water points and school health (disinfestation, treatment for malaria, etc.). The MLA, an assessment tool which was tested successfully in the previous programme, will be brought into general use, decentralized and applied to the follow-up and evaluation of the knowledge and skills acquired by teachers and pupils in the new areas covered by the curriculum. In the same regions, and as back-up to the national objective of reducing illiteracy by 5 per cent per year, the programme will build upon experience gained in the basic community schools to provide a suitable education for 100,000 young people aged between 9 and 18, of whom at least 50 per cent are girls.

20. This programme comprises an innovative element for the development and participation of adolescents, conducted under the auspices of the Ministry for Youth. The project targets girls as a priority group, and represents the sequel to the project initiated this year with UNFPA, with funding from the United Nations Fund for International Partnerships. It is based on the voluntary sector, which is especially dynamic in Senegal, and will draw upon the World Youth Forum, held in Dakar in 2001. The programme will promote the participation of adolescents in decisions affecting their lives and communities, ensuring better provision for their health and psycho-social needs, and the development of their skills and capacities for improved social and economic integration. The project will also provide an education in civics and human rights. In its initial phase, in the Dakar, Thiès and Ziguinchor regions, the project will provide 10,000 adolescents with a basic education, a pre-vocational training and the chance of employment in areas including the new information technologies. The health component will deal with the prevention of early pregnancy, STD and HIV/AIDS, and the campaign against drug and smoking addiction, etc. The project is based on a participatory approach, involving adolescents and their organizations as front-line actors. It will take account of the gender dimension as well as the specific needs of adolescents, and will strengthen capacity among adolescent organizations (Scouts, Pathfinders, etc.). There will be a strong action-oriented research and evaluation component, in order to draw the lessons from this innovative project and formulate a model which can be brought into general use in the second phase.

21. The main strategies are decentralization and support for local development; synergy and complementarity between the partners in the 10-year programme for education and training with a view to better focusing the efforts made; strengthening of institutional and individual capacities; community participation (parents' groups, etc.); social mobilization for the use of services to benefit girls by improving the links between formal and non-formal education; synergy with the activities of the Ministries of Health, the Family and Youth; and communication to change behaviour.

22. **Promotion of rights and protection of children at risk**. This programme, under the supervision of the Ministry of the Family and National Solidarity, comes within the framework of poverty alleviation in general and the national programme to support children at risk in particular. The programme will be aimed at: (a) ensuring the integration of the special protection of children in social plans and

policies and especially in the programme to combat poverty; (b) eliminating the worst forms of child labour and reducing the vulnerability of children at risk; and (c) ensuring better protection of children, particularly girls, from all forms of abuse, violence and discrimination. In the first phase, programme interventions will be focused on 10 departments (Dakar, Pikine, Rufisque, Thiès, M'Bour, Bambey, Fatick, Kaolack, St. Louis and Ziguinchor) where there is large-scale migration by children to urban areas or where the problems are particularly acute. The programme will emphasize the strengthening of the capacities of government institutions and non-governmental organizations, and access to education as the main means of preventing child labour. Priority will be given, in combating abuse, sexual exploitation of and violence against children, to implementation of the national plan for the abandonment of female genital mutilation. The programme will also seek to improve the legal and social environment for child protection. In the areas of concentration, UNICEF will strengthen the capacities of families, communities and non-governmental organizations for preventing domestic violence.

23. The programme will rely on the rights-based approach and on multisectoral-prevention approaches, together with a victim-support component. The strategies involve access to basic education and training, access to health services, psycho-social support, access to information (including the new communication technologies), increasing family income, law enforcement and judicial reform, establishment of direct services, education to promote a non-violent culture, action-oriented research, community empowerment and mobilization, communication to change behaviour, creation of networks, and development of partnerships. The programme will build on the experience acquired by the Government, the International Labour Office and UNICEF in combating child labour, the existence of a partnership with non-governmental organizations and civil society, and the possibility of a partnership with and finance from the Government of Italy.

24. **Social planning and policies**. This programme, under the supervision of the Ministry of Planning, will enable the rights of children, young people and women to be better taken into account in social planning and policies, particularly in the national poverty-reduction strategy. The specific objectives are: (a) improvement of the availability and use of data on the implementation of the two Conventions; (b) strengthening of capacities in follow-up and evaluation at the national and local levels; and (c) promotion of a local participatory planning process that takes into account the rights of children and women. In pursuing the local development initiative, UNICEF will seek to promote participation and empowerment of communities and families in the assessment, analysis and identification of solutions to the problems faced by women and children. The pursuit of the 20/20 Initiative, in collaboration with the United Nations Development Programme (UNDP), should allow the volume and effectiveness of expenditure in the social sectors to be increased. The analysis of poverty on the basis of the multiple indicator cluster survey (MICS) 2000 will contribute to improved orientation of the poverty-reduction strategies with a view to enabling the most disadvantaged families to benefit from debt-alleviation measures. The main strategies include strengthening of national and local capacities through training; support for the monitoring of national objectives, particularly those arising from the special session of the General Assembly on Children; and strengthening of participation in programme design and implementation. In addition to the activities at the national level, the programme will target the two regions of Casamance through an integrated rehabilitation and

development project (extending the humanitarian programme currently under way) focusing, as a priority, on the 230,000 children under five years of age, adolescents and women. This project comes under a coordinated action plan of the United Nations system for the rehabilitation of Casamance.

25. **The cross-sectoral costs** are the supports costs necessary for the programme as a whole, such as logistics. The amount shows an increase by comparison with the country note, mainly because of the establishment within the programme of a communication unit, which is called on to support activities aimed at changing behaviour, and the strengthening of the capacity to reach remote areas.

Monitoring and evaluation

26. UNICEF will support the monitoring of the national objectives in respect of children, particularly those arising from the special session of the General Assembly on children, including through the President's National Follow-up Committee, which brings together the concerned actors. Regarding the country programme, the main monitoring tools will be the logical frameworks of the operations plan, together with the integrated monitoring and evaluation plan. The impact indicators will be the infant, adolescent and maternal mortality rates; the male and female enrolment and drop-out ratios; and the prevalence of the worst forms of child labour. Process indicators will be identified to allow implementation to be monitored more closely. A study on maternal mortality will make up the shortfall in basic data. It is intended to conduct evaluations of the eradication of Guinea worm disease (dracunculiasis) and poliomyelitis, the elimination of the worst forms of child labour, the strengthening of the capacities of communities and families, and school enrolment for girls. During the first year, emphasis will be placed on gathering basic data in order to establish a base for subsequent evaluations. Joint evaluations with partners are planned. Qualitative and participatory approaches, such as rapid review, will be used so as to enable improved assimilation of the results and incorporation of the concerns of beneficiaries.

Collaboration with other partners

27. UNICEF strives for collaboration and complementarity with partners, particularly the United Nations system under the United Nations Development Assistance Framework (UNDAF). Examples include collaboration with the International Labour Organization for the implementation of the national plan for education for all and for combating child labour; the joint implementation of the maternal health programme with the African Development Bank (with the participation of WHO and UNFPA); the partnership with UNFPA for adolescents; and the cooperation within the Theme Group of the Joint United Nations Programme on HIV/AIDS. The most effective aid coordination mechanisms allow for a constant dialogue among the partners, thereby facilitating the choice of optimal areas of intervention for UNICEF, in the context of the large volume of cooperation of which Senegal is the beneficiary. Among the other partners are the European Union; the World Bank; the Governments of Belgium, Canada, France, Germany, Italy and Japan; and the United States Agency for International Development (USAID). Collaboration with volunteers will be strengthened (Peace Corps, United Nations Volunteers and Irish and Japanese volunteers). As for national and international non-

governmental organizations, the collaboration is implemented within the framework of coordination structures, including the Council for Support to Non-governmental Organizations for Development and various groups of non-governmental organizations working in the same sectors. Examples of this are the effective partnerships with PLAN International (mobilization for the rights of the child); Aid and Action (education); African Assembly for Human Rights (RADDHO) (human rights); and Environment and Development Action of the Third World (ENDA) and Avenir de l'enfant (protection). With regard to resources, the mobilization plan is based on the experience acquired during the current programme and will emphasize the strengthening of dialogue with potential donors and improved targeting of information sent to them.

Programme management

28. The implementation of the country programme will be coordinated by the Ministry of Planning, which will organize the annual reviews and a mid-term review in 2004. Results-based programming will be one of the main programme-management tools for ensuring greater effectiveness. Each programme will have a management committee under the chairmanship of the relevant supervising ministry. The decentralized levels will take on major responsibilities within the areas transferred to their competence (education, health). Sectoral technical activities will be conducted by the ministerial structures at the central level, together with their decentralized services.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Senegal	(1999 and earlier years)		UNICEF country classification
Under-five mortality rate	139	(2000)	High U5MR
Infant mortality rate	80	(2000)	High IMR
GNP per capita	$ 500	(1999)	Low Income
Total population	9.2 million	(1999)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1990	2000
Births	(thousands)	205	268	318	364
Infant deaths (under 1)	(thousands)	34	34	29	29
Under-five deaths	(thousands)	57	58	47	51
Under-five mortality rate (per 1,000 live births)		279	218	148	139
Infant mortality rate (under 1) (per 1,000 live births)		164	128	90	80

		About 1990	Most recent
Underweight children (under 5) (% weight for age, 1992-93/2000)	Moderate & severe	20	18
	Severe	5	4
Babies with low birth weight (%, 1997)		..	4
Primary school children reaching grade 5 (%, 1990/1998)		85	82

NUTRITION INDICATORS	About 1990	Most recent
Exclusive breast-feeding rate (<4 mos.) (%, 1993/2000)	7	24
Timely complementary feeding rate (6-9 mos.) (%, 1993/2000)	41	64
Continued breast-feeding rate (20-23 mos.) (%, 1993/2000)	48	49
Prevalence of wasting (0-59 mos.) (%, 1992-93/2000)	9	8
Prevalence of stunting (0-59 mos.) (%, 1992-93/2000)	22	19
Vitamin A supplementation coverage (6-59 mons.) (%, 1999)	..	87
Household consuming iodized salt (%, 2000)	..	31

HEALTH INDICATORS		About 1990	Most recent
ORT use rate (%, 1997)		..	39
Routine EPI vaccines financed by government (%, 1996)		..	100
Use of improved drinking water sources (% of population, 1990/2000)	Total	72	78
	Urban/rural	90/60	92/65
Use of improved sanitation facilities (% of population, 1990/2000)	Total	57	70
	Urban/rural	86/38	94/48
Births attended by trained personnel (%, 1993/2000)		47	51
Maternal mortality rate (per 100,000 live births, 1992)		560	..

Immunization		1981	1985	1990	1995	1999
One-year-old (%) immunized against:	Tuberculosis	..	..	92	91	90
	DPT	..	..	51	80	60
	Polio	..	..	53	80	60
	Measles	..	..	51	80	60
Pregnant women (%) immunized against:	Tetanus	0	8	45	56	66

TABLE 1 (continued)

Senegal

EDUCATION INDICATORS		About 1990	Most recent
Primary enrolment ratio (gross/net) (%, 1991/1997, 1993/2000)	Total	59/36	71/49
	Male	67/40	78/54
	Female	50/32	65/45
Secondary enrolment ratio (gross/net) (%, 1991/1997)	Total	17/..	16/..
	Male	22/..	20/..
	Female	12/..	12/..
Adult literacy rate, 15 years & older (%, 1990/2000)	Total	28	37
	Male/female	38/19	47/28
Radio/television sets (per 1,000 population, 1990/1997)		113/36	141/41

DEMOGRAPHIC INDICATORS		1970	1980	1990	1999	2000
Total population	(thousands)		4158	5538	7327	9184	9421
Population aged 0-18 years	(thousands)		2119	2861	3805	4701	4804
Population aged 0-5 years	(thousands)		756	1044	1322	1565	1592
Urban population (% of total)			33.4	35.7	40.0	47.1	47.7
Life expectancy at birth (years)	Total		41	45	49	53	53
	Male		38	43	47	51	52
	Female		43	47	51	55	55
Total fertility rate			7.0	6.9	6.3	5.4	5.3
Crude birth rate (per 1,000 population)			49	48	43	39	39
Crude death rate (per 1,000 population)			25	21	16	13	12

		About 1990	Most recent
Contraceptive prevalence rate (%, 1993/1997)		7	13
Population annual growth rate (%, 1970-90/1990-99)	Total	2.8	2.6
	Urban	3.7	4.3

ECONOMIC INDICATORS		About 1990	Most recent
GNP per capita annual growth rate (%, 1980-90/1990-99)		0.0	0.9
Inflation rate (%, 1980-89/ 1990-98)		7	6
Population below $1 a day (%, 1990-99)		..	26
Household income share (%, 1991)	Top 20%/bottom 40%	58/11	../..
Government expenditure (% of total expenditure, 1980)	Health/education	5/23	../..
	Defense	17	..
Household expenditure (% share of total, 1980 or 1985)	Health/education	2/ 3	../..
Official development assistance: (1990/1998)	$US millions	724	502
	As % of GNP	14	11
Debt service (% of goods and services exports, 1990/1998)		14	18

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1997-2001 a/

COUNTRY: SENEGAL
LATEST BOARD APPROVAL: 2000
REGULAR RESOURCES: $ 8,443,000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		TOTAL					
									Regular resources b/		Other resources		Total (RR & OR)	
	RR b/	OR	RR b/	OR	RR b/	OR	RR b/	OR	Actual	Planned d/	Actual	Planned c/	Actual	Planned
Health and nutrition	832	2,014	4	35	628	164	916	1,229	2,380	2,958	3,442	10,026	5,822	12,984
Water and sanitation	333	455	15	4	131	191	278	462	757	1,168	1,112	8,994	1,869	10,162
Education	183	741	53	120	207	347	474	1,710	917	1,801	2,918	6,422	3,835	8,223
Children in difficult circumstances	274	160	7	1	0	123	266	216	547	787	500	3,000	1,047	3,787
Advocacy	52	23	24	10	56	13	269	173	401	394	219	2,080	620	2,474
Planning, monitoring & evaluation	81	56	3	13	145	129	505	118	734	707	316	1,478	1,050	2,185
Cross-sectoral costs (Programme Support)	18	0	0	0	204	0	98	82	320	628	82	0	402	628
GRAND TOTAL	**1,773**	**3,449**	**106**	**183**	**1,371**	**967**	**2,806**	**3,990**	**6,056**	**8,443**	**8,589**	**32,000**	**14,645**	**40,443**

RR = Regular resources.
OR = Other resources.
a/ = Actual expenditure includes expenditure recorded as at closure 21 May 2001.
b/ = Actual RR expenditure includes allocations from global set-aside.
c/ = Includes $1,236,000 of Funded other resources.
d/ = Includes $2,168,000 of additional RR as per E/ICEF/2000 P/L.19.

TABLE 3 (o:db11)

SENEGAL
PROGRAMME CYCLE: 2002-2006

PLANNED YEARLY EXPENDITURE

PRG# DESCRIPTION	FUND	2002	2003	2004	2005	2006	TOTAL
HEALTH AND NUTRITION	RR	710,000	710,000	710,000	710,000	710,000	3,550,000
	OR	1,860,000	1,860,000	1,860,000	1,860,000	1,860,000	9,300,000
	TOTAL	2,570,000	2,570,000	2,570,000	2,570,000	2,570,000	12,850,000
EARLY CHILDHOOD DEVELOPMENT	RR	180,000	180,000	180,000	180,000	180,000	900,000
	OR	580,000	580,000	580,000	580,000	580,000	2,900,000
	TOTAL	760,000	760,000	760,000	760,000	760,000	3,800,000
BASIC EDUCATION	RR	450,000	450,000	450,000	450,000	450,000	2,250,000
	OR	1,480,000	1,480,000	1,480,000	1,480,000	1,480,000	7,400,000
	TOTAL	1,930,000	1,930,000	1,930,000	1,930,000	1,930,000	9,650,000
RGTS PROMO/PROTECT AT-RISK CHILD	RR	190,000	190,000	190,000	190,000	190,000	950,000
	OR	590,000	590,000	590,000	590,000	590,000	2,950,000
	TOTAL	780,000	780,000	780,000	780,000	780,000	3,900,000
PLANNING AND SOCIAL POLICY	RR	350,000	350,000	350,000	350,000	350,000	1,750,000
	OR	810,000	810,000	810,000	810,000	810,000	4,050,000
	TOTAL	1,160,000	1,160,000	1,160,000	1,160,000	1,160,000	5,800,000
CROSS-SECTORAL COSTS	RR	170,000	173,000	173,000	173,000	173,000	862,000
	OR	190,000	190,000	190,000	190,000	190,000	950,000
	TOTAL	360,000	363,000	363,000	363,000	363,000	1,812,000
TOTAL PROGRAMME BUDGET	RR	2,050,000	2,053,000	2,053,000	2,053,000	2,053,000	10,262,000
	OR	5,510,000	5,510,000	5,510,000	5,510,000	5,510,000	27,550,000
	TOTAL	7,560,000	7,563,000	7,563,000	7,563,000	7,563,000	37,812,000
TOTAL SUPPORT BUDGET		1,160,935	1,261,508	808,626	833,472	839,509	4,904,050
TOTAL BUDGETS		8,720,935	8,824,508	8,371,626	8,396,472	8,402,509	42,716,050

TABLE 4

LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS

COUNTRY : SENEGAL
PROGRAMME : 2002-2006

PROGRAMME SECTION/AREAS AND FUNDING SOURCE	PROGRAMME BUDGET			POSTS a/										STAFF COSTS b/		
	RR	OR	TOTAL	D2/L7	D1/L6	P/L5	P/L4	P/L3	P/L2	IP	NP	GS	TOTAL	IP	LOCAL	TOTAL
REGULAR RESOURCES :																
HEALTH AND NUTRITION	3,550,000		3,550,000	0	0	0	1	0	0	1	0	1	2	667,129	121,383	788,512
EARLY CHILDHOOD DEVELOPMENT	900,000		900,000	0	0	0	0	0	0	0	0	0	0	0	0	0
BASIC EDUCATION	2,250,000		2,250,000	0	0	0	1	0	0	1	0	0	1	667,129	0	667,129
RGTS PROMO/PROTECT AT-RISK CHILD	950,000		950,000	0	0	0	0	0	0	0	1	0	1	0	231,469	231,469
PLANNING AND SOCIAL POLICY	1,750,000		1,750,000	0	0	0	0	1	0	1	1	1	3	453,564	249,411	702,975
CROSS-SECTORAL COSTS	862,000		862,000	0	0	0	0	0	0	0	1	6	7	0	696,500	696,500
TOTAL RR	10,262,000		10,262,000	0	0	0	2	1	0	3	3	8	14	1,787,822	1,298,763	3,086,585
OTHER RESOURCES :																
HEALTH AND NUTRITION		9,300,000	9,300,000	0	0	0	0	0	0	0	2	1	3	0	393,415	393,415
EARLY CHILDHOOD DEVELOPMENT		2,900,000	2,900,000	0	0	0	0	1	0	1	0	0	1	529,212	0	529,212
BASIC EDUCATION		7,400,000	7,400,000	0	0	0	0	0	0	0	3	1	4	0	755,117	755,117
RGTS PROMO/PROTECT AT-RISK CHILD		2,950,000	2,950,000	0	0	0	0	1	0	1	0	1	2	554,428	59,236	613,664
PLANNING AND SOCIAL POLICY		4,050,000	4,050,000	0	0	0	0	1	0	1	1	2	4	554,428	235,681	790,109
CROSS-SECTORAL COSTS		950,000	950,000	0	0	0	0	1	0	1	0	5	6	554,428	241,147	795,575
TOTAL OR		27,550,000	27,550,000	0	0	0	0	4	0	4	6	10	20	2,192,496	1,684,596	3,877,092
TOTAL RR & OR	10,262,000	27,550,000	37,812,000	0	0	0	2	5	0	7	9	18	34	3,980,318	2,983,359	6,963,677
SUPPORT BUDGET	Operating costs		1,136,690													
	Staffing			0	1	1	1	0	0	3	3	9	15	2,361,577	1,405,783	3,767,360
GRAND TOTAL (RR + OR + SB)				0	1	1	3	5	0	10	12	27	49	6,341,895	4,389,142	10,731,037
Number of posts and staff costs:																
Current programme cycle										7	9	23	39			
At the end of proposed programme cycle (indicative only)										10	12	27	49	6,341,895	4,389,142	10,731,037

RR = regular resources.
OR = other resources.
IP = international Professional.
NP = national Professional.
GS = General Service.
SB = support budget.

a/ Each post, regardless of its funding source, supports the country programme as a whole.
b/ Excludes temporary assistance and overtime.